

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 9760	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name BRANDON R FLINN P.O. Box, Bldg., Room No., if any Street 901 MONERRA DR City O'FALLON State Missouri ZIP Code + 4 63368	4. Name, file number, and address of labor organization. Name LABORERS' INTERNATIONAL UNION LOCAL #42 Labor Organization File Number 022-166 P.O. Box, Building and Room Number, if any Street 3710 ENRIGHT AVE City ST. LOUIS State Missouri ZIP Code + 4 63108
5. Position in labor organization. FIELD REPRESENTATIVE/ORGANIZER EXECUTIVE BOARD	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u></u>	On <u>08/09/2005</u> Date	<u>314-531-1187</u> Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ST. LOUIS CONST LABORERS' WELFARE FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2357 59TH STREET

City ST. LOUIS

State Missouri ZIP Code + 4 63110

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PROVIDES HEALTH BENEFITS TO LIUNA MEMBERS

11.b. Approximate dollar value of such dealing.

UNKNOWN

12.a. Nature of interest held or income received.

REIMBURSEMENT OF EXPENSES FOR ATTENDING EDUCATIONAL
CONFERENCE ON 10/1 THRU 10/6/2004
DAILY EXPENSES \$591.00
TUITION COST TO ATTEND CONFERENCE \$1350.00
HOTEL EXPENSES \$1228.00
AIRFARE \$222.00

12.b. Amount.

\$3,391

C. Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant
(including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing BRANDON FLINN

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name COMMERCE BANK

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 8000 FORSYTH

City ST. LOUIS

State Missouri ZIP Code + 4 63105

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name ST. LOUIS CONST LABORERS' WELFARE FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2357 59TH STREET

City ST. LOUIS

State Missouri ZIP Code + 4 63110

11.a. Nature of such dealing.

MONEY MANAGER

11.b. Approximate dollar value of such dealing.

UNKNOWN

12.a. Nature of interest held or income received.

07/02/04 BASEBALL TICKETS \$160.00

12.b. Amount.

\$160

Name of Person Filing BRANDON FLINN

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name HEALTHLINK

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 12443 OLIVE

City ST. LOUIS

State Missouri ZIP Code + 4 63141

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name ST. LOUIS CONST LABORERS' WELFARE FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2357 59TH STREET

City ST. LOUIS

State Missouri ZIP Code + 4 63110

11.a. Nature of such dealing.

CONSULTANT

11.b. Approximate dollar value of such dealing.

UNKNOWN

12.a. Nature of interest held or income received.

09/27/04 ANNUAL GOLF TOURNAMENT AND LUNCH \$165.00

12.b. Amount.

\$165

Name of Person Filing BRANDON FLINN

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name MISSOURI VALLEY PARTNERS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any SUITE 500

Street 135 N. MERAMEC

City ST. LOUIS

State Missouri ZIP Code + 4 63105

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name ST. LOUIS CONST. LABORERS' WELFARE FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2357 59TH STREET

City ST. LOUIS

State Missouri ZIP Code + 4 63110

11.a. Nature of such dealing.

MONEY MANAGER

11.b. Approximate dollar value of such dealing.

UNKNOWN

12.a. Nature of interest held or income received.

04/13/04 DINNER \$100.00, HOCKEY TICKET \$75.00
05/12/04 DINNER (SELF AND SPOUSE) \$170.00

12.b. Amount.

\$345